

EMD / EME / EMI / EMO / EMV - Enter Missing Person

Originating Agency Identifier (ORI) * Caution Indicator
 Caution / Medical Conditions (CMC)
 Missing Person Circumstances (MPC) Missing Person (MNP) *
 Disability Endangered Involuntary Catastrophe Other

Name (NAM) *
 Sex (SEX) * Race (RAC) *
 Height (HGT) * Weight (WGT) *
 Eye Color (EYE) * Hair Color (HAI) *
 Originating Agency Case Number (OCA)
 Date of Last Contact (DLC) *

Enter At Least One of the Following Fields:

Date of Birth (DOB)
 Social Security Number (SOC)
 FBI Number (FBI)
 Miscellaneous Number (MNU)

and/or At Least One of the Following Sets:

Operator's License Number (OLN) with
 State (OLS) and Year (OLY)

License Plate Number (LIC) with State (LIS) and
 Year (LIY) and Type (LJT)

Vehicle Identification Number (VIN) Vehicle Year (VYR)
 Make (VMA) Model (VMO) (optional)
 Style (VST) Color (VCO) (optional)

Optional Fields:

Place of Birth (POB) <input type="text" value="NY"/>	Citizenship (CTZ) <input type="checkbox"/>
Scars, Marks, Tattoos (SMT) <input type="checkbox"/>	Ethnicity (ETN) <input type="checkbox"/>
Fingerprint Classification (FPC) <input type="checkbox"/>	Skintone (SKN) <input type="checkbox"/>
Blood Type (BLT) <input type="checkbox"/>	Circumcision (CRC) <input type="checkbox"/>
Footprint Available (FPA) <input type="checkbox"/>	Body X-Ray (BXR) <input type="checkbox"/>
Corrective Vision Prescription (VRX) <input type="checkbox"/>	
Jewelry Type (JWT) <input type="checkbox"/>	
Jewelry Description (JWL) <input type="checkbox"/>	
Notify Originating Agency (NOA) <input type="checkbox"/>	State Identification Number (SID) <input type="checkbox"/>
Linkage Agency Identifier (LKI) <input type="checkbox"/>	with <input type="checkbox"/>
Linkage Agency Case Number (LKA) <input type="checkbox"/>	
DNA Available (DNA) <input type="checkbox"/>	

EXHIBIT

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